

THALAHOLAND
MARALEGA SPICOMST
BREVETED C.F.O.
(70-1) 500-0-03

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		↓		↓		TOTAL IND.	↓		↓		↓	
TOTAL DEP.	18		↓		↓		TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS	20		↓		↓		TOTAL CLAIMS	↓		↓		↓	